

NOTICE OF CONTRACTING OPPORTUNITY

APPLICATION FOR
NAVY CONTRACT POSITIONS
12 May 03

THIS IS NOT A CIVIL SERVICE POSITION

I. IMPORTANT INFORMATION: CUTOFF DATE AND TIME FOR RECEIPT OF APPLICATIONS IS 3:00 PM EST ON OR BEFORE **2 June 03**. SEND APPLICATIONS TO THE FOLLOWING ADDRESS:

NAVAL MEDICAL LOGISTICS COMMAND
ATTN: Code 22V
1681 NELSON STREET
FORT DETRICK MD 21702-9203

E-MAIL: Acquisitions@nmlc.med.navy.mil
IN SUBJECT LINE REFERENCE: "CODE 22V"

A. NOTICE. This position is set aside for individual Certified Athletic Trainers (ATCs) only. Applications from companies will not be considered; additionally, applications from active duty Navy personnel, civilian employees of the Navy, or persons currently performing medical services under other Navy contracts will not be considered without the prior approval of the Contracting Officer.

B. POSITION SYNOPSIS. CERTIFIED ATHLETIC TRAINER (ATC). The Government is seeking to place under contract an individual who possesses current Certification in Athletic Training through the National Trainers' Association (NATA) Board of Certification. This individual must also (1) meet all the requirements contained herein; and (2) competitively win this contract award.

You shall provide services in the Naval Medical Center San Diego (NMCSDD) located at the SMART Center, Branch Medical Clinic (BMC), Marine Corps Recruit Depot (MCRD) in San Diego, California. The actual location where services will be provided shall vary based on the fluctuation of the needs of the various commands and beneficiaries. All services will be performed within a 20 mile radius of Naval Medical Center, San Diego, CA.

You shall be on duty in the assigned clinical area for 40 hours each week; between the hours of 0700 and 1530. You shall normally provide services for an 8.5 or 9 hour period (to include an uncompensated .5 or 1 hour for lunch depending on shift length), Monday through Friday. Specific hours shall be scheduled one month in advance by the Commanding Officer. Any changes in the schedule shall be coordinated between you and the Government. You shall arrive for each scheduled shift in a well rested condition and shall have had at least six hours of rest from all other medical duties.

You shall accrue 8 hours of personal leave at the end of every 2 week period worked. Personal leave shall be used for both planned (vacation) and unplanned (sickness) absences. Your services shall not be required on the following federally established paid holidays: New Year's Day, Martin Luther King's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day. You shall be compensated by the Government for these periods of planned absence. This position is for a period beginning from the start date, (a date agreed upon by the successful applicant and the Government), through 30 September of the same fiscal year with options to extend the contract for a total of five years. The contract will be renewable each fiscal year at the option of the Navy.

II. Statement of Work

A. The use of "Commanding Officer" means Commanding Officer, (NMCSO), or designated representative, e.g., Technical Liaison or Department Head.

B. The use of "Active Duty Primary Care Sports Medicine Physician", means the Active Duty Primary Care Physician assigned to NMCSO in charge of the SMART Center at Branch Medical Clinic, MCRD

C. Suits arising out of Medical Malpractice. The health care worker(s) is (are) serving at the military treatment facility under a personal services contract entered into under the authority of section 1091 of Title 10, United States Code. Accordingly, section 1089 of Title 10, United States Code shall apply to personal injury lawsuits filed against the health care worker based on negligent or wrongful acts or omissions incident to performance within the scope of this contract. You are not required to maintain medical malpractice liability insurance

Health care workers providing services under this contract shall be rendering non -personal services to the Government and shall not be subject to day-to-day supervision and control by Government personnel. However, supervision and control is the process by which the individual health care worker receives technical guidance, direction, and approval with regard to a task(s) within the requirements of this contract.

GENERAL DUTIES AND RESPONSIBILITIES - You shall perform a full range of Certified Athletic Trainer duties, within the scope of this statement of work, on site using government furnished supplies and facilities. Workload occurs as a result of scheduled and unscheduled requirements for care. Your primary duty shall be to provide services for Marine Corps Recruit Depot recruits, active duty service members and eligible beneficiaries in the San Diego, California area.

1. Administrative and Training Requirements. The health care worker shall:

1.2. Participate in periodic meetings to review and evaluate the care provided to patients, identify opportunities to improve the care delivered, and recommend corrective action when problems exist. Should a meeting occur outside of regular working hours, the ATC shall be required to read and initial the minutes of the meeting.

1.3. Participate in the provision of periodic in-service training to healthcare and non-healthcare-practitioner members of the clinical and administrative staff on subjects germane to care and attend annual renewal of the following Annual Training Requirements provided by NMCSO and BMC, MCRD: Family advocacy, safety training, disaster training, infection control, Sexual Harassment, and Bloodborne Pathogens.

1.4. Actively participate in the Organizational Continuous Improvement Plan.

1.5. Participate in implementation of the family Advocacy Program in accordance as directed. Participation shall include, but not be limited to, appropriate documentation and reporting.

1.6. Maintain current certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; or American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent. This certification will be provided by the Navy.

1.7. Maintain NATA Certification. The Command will allocate time for attendance to two annual convention or course utilized for completion of the continuing education units required to maintain NATA Certification.

1.8. Comply with the HIPAA (Health Insurance Portability and Accountability Act) privacy and security policies of the treatment facility.

2. Clinical Duties. Your actual clinical performance will be a function of the overall demand for Certified Athletic Trainer services. Productivity is expected to be comparable with that of other individuals performing similar services. Your primary function shall be to evaluate and treat injuries sustained during rigorous physical and operational training required to obtain/maintain the combat readiness of the MCRD recruits, AD service members and eligible

beneficiaries. All services performed shall fall within those guideline established by the American College of Sports Medicine, American Medical Society for Sports Medicine, and National Athletic Trainers Association. You shall:

2.1. Function as an NATA certified ATC within the SMART Center, BMC MCRD, NMCSO under the supervision of Sports Medicine Officer. The ATC will adhere to the departmental and NMCSO chain of command.

2.2. Provide consultation both to and from the medical officers at BMC, MCRD and the physicians within the Department of Orthopedics at Naval Medical Center San Diego. The ATC provides treatment and medical education to BMC, MCRD staff as directed. The ATC is responsible for a full range of direct treatment and rehabilitation as ordered by the Sports Medicine Officer.

2.3. Provide training and guidance, as necessary, to supporting employees assigned to you during the performance of rehabilitative procedures. Such direction and interaction will adhere to government and professional clinical standards and accepted athletic trainer treatment protocols. You shall/will perform administrative duties, which include maintaining statistical records of clinical workload, participating in education programs and medical research, preparing documentation for medical boards, and participation in clinical staff quality assurance functions as prescribed by the Commander.

2.4. Document all injuries and treatment rendered. Your assessment may be a factor in light duty or limited duty determinations where there is a question of physical ability or potential for injury.

2.5. Provide evaluation and treatment of musculoskeletal injuries incurred by MCRD recruits and eligible beneficiaries including, but not limited to, the following: Progressive Resistance Exercise (PRE), Open and Closed Chain Kinetic Exercises, Proprioceptive Neuromuscular Facilitation (PNF), manual therapy and joint mobilization, hydrotherapy, hydrocollator, cryotherapy, ultrasound, phonophoresis, iontophoresis, and all varieties of muscle stimulation. You shall be familiar with the application of the following equipment; Biodex Isokinetic elevation and stimulation, ski machines, stair machines, treadmill exercisers, gravitron, free weights and universal machines, BAPS board, Back System, Anodyne, aquatic therapeutic devices and instruction in therapeutic, corrective and rehabilitative exercises using specific equipment and strength training devices.

2.6. Provide treatment for soft tissue damage, acute and chronic edema, post-surgical edema, muscle atrophy, pain, overuse injuries, decreased circulation and loss of strength due to injury or biomechanical imbalance.

2.7. Provide appropriate follow-up evaluation.

2.8. Design and fabricate protective pads, equipment and braces for the prevention and treatment of injuries including the use of proper taping techniques. Provide training in proper taping and wrapping techniques to protect the physical welfare of command personnel and to reduce the number and severity of training injuries.

2.9. Document all assessments, treatments and follow-up care rendered through either written reports or through computerized means on a daily basis. Treatment and follow-up records on each individual requiring services shall document cause, contributing factors, duration, diagnosis and follow-up for use in research and analysis to improve treatment and develop methods for injury prevention.

2.10. Assist with inventory maintenance of medical supplies for the rehabilitation and training room and shall assist in the preparation of the budget and supply requisitions. This includes replenishing exhausted supplies, preventative maintenance and presenting new rehabilitation equipment to the Sports Medicine Officer/Physical Therapy Officer/Podiatrist for purchase consideration.

2.11. Provide instruction and guidance in courses relating to physical conditioning, injury prevention and recognition, pre-operative and post-operative rehabilitation, stretching, exercise physiology, posture and body mechanics.

2.12. Supervise students from various programs and be responsible for providing instruction in injury assessments and rehabilitation utilization of all indicated modalities, equipment, braces and treatment protocol.

2.13. Provide instruction and services in the area of applied anatomy, physiology of exercise, kinesiology and biomechanics.

2.14. Provide emergency first aid, evaluation and treatment of injuries, and aid in preliminary diagnosis to include recognition of severity of injury, rendering initial treatment and performing initial examination.

3. PATIENT RECORDS AND DOCUMENTATION:

3.1. Maintain documentation of all treatment provided in accordance with clinic directives, and prepare such records and reports as may be required. All records and reports must be legible. Abbreviations must be only those listed in local instructions.

3.2. Verify the content and correctness of all prepared and transcribed reports within two working days by affixing an original signature to all copies of the document and validating its content or by computer input as appropriate.

4. JCAHO requirements - Comply with the standards of the Joint Commission, applicable provisions of law and the rules and regulations of any and all governmental authorities pertaining to:

4.1. Licensure and/or regulation of healthcare personnel in treatment facilities, and

4.2. The regulations and standards of professional practice of the treatment facility, and

4.3. The bylaws of the treatment facility's professional staff.

E. Minimum Personnel Qualifications. To be qualified for this position you must:

1. Possess current certification as a Certified Athletic Trainer through the National Trainers' Association (NATA) Board of Certification (provide a copy of certification with expiration date).

2. Possess experience of at least 12 months within the preceding 36 months as an athletic trainer with collegiate athletes, professional athletes, or military operations personnel.

3. Possess experience with Windows-based computer systems of at least 12 months within the preceding 36 months.

4. Possess experience with computerized injury tracking programs.

5. Provide two letters of recommendation from physicians board certified in Orthopedics or Sports Medicine attesting to your ATC's clinical skills. Letters of recommendation must include name, title, date of reference, phone number, address and signature of the individual providing reference and must be written within the preceding 2 years.

OR

Provide three letters of recommendation. Letters must be from Physical Therapy, physicians, or medical professionals who have supervised you in and are familiar with your work in the area of athletic training. Letters must attest to your clinical skills as an ATC. Letters of recommendation must include name, title, date of reference, phone number, address and signature of the individual providing reference and must be written within the preceding 2 years.

6. Possess U.S. employment eligibility per Attachment 003. Provide copies of supporting documentation per attachment 003.

7. Represent an acceptable malpractice risk to the Navy.

E. FACTORS TO BE USED IN A CONTRACT AWARD DECISION. If you meet the minimum qualifications listed in the paragraph above entitled, "Minimum Personnel Qualifications" you will be ranked against all other qualified applicants using the following enhancing criteria, listed in descending order of importance. The "Personal

Qualification Sheet", Letters of Recommendation, and, if you have prior military services, the Form DD214, shall be used to evaluate these items.

1. Experience, both quantity and quality as it relates to the duties contained herein. Experience may be documented through additional letters of recommendation from former supervisors, etc. The letters of recommendation required in item 5. above, may enhance your ranking if they address such items as clinical skills, professionalism, or specific areas of expertise as they relate to this statement of work, etc, then,
2. Masters Degree in Athletic Training/Sports Medicine or related field, then,
3. Additional certification as a Certified Strength and Conditioning Specialist (CSCS) through the National Strength and Conditioning Association, then,
4. Continuing Education history. Your continuing education history may enhance your ranking if it includes advanced coursework in mechanical spinal problems and overuse injuries, then,
5. Prior experience providing medical services to the military. If you were in the military, please provide a copy of your Form DD214.
6. Prior experience in worksite injury prevention programs or other patient care experience with work-related injuries.

F. INSTRUCTIONS FOR COMPLETING THE APPLICATION. To be qualified for this contract position, you must submit the following:

1. _____ A completed (2 copies) " *Personal Qualifications Sheet – (Athletic Trainer) " (Attachment 1).
2. _____ A completed Pricing Sheet (Attachment 2).
3. _____ Proof of employment eligibility (2 copies) (Attachment 3).
4. _____ Letters of recommendation per paragraph D.5., above.
5. _____ Central Contracting Registration Confirmation Sheet (Attachment 4)
6. _____ Small Business Representation (Attachment 5)

*Please answer every question on the " Personal Qualifications Sheet - Athletic Trainer". Mark "N/A" if the item is not applicable.

G. Other Information for offerors.

ISA HANDBOOK available at <http://www-nmlc.med.navy.mil> under Public Access, OR can be requested from the contract specialist listed below.

After your application is reviewed, the Government will do at least one of the following: (1) Call you to negotiate your price, or (2) Ask you to submit additional papers to ensure you are qualified for the position, (3) Send you a letter to tell you that you are either not qualified for the position or that you are not the highest qualified individual, or (4) Make contract award from your application. If you are the successful applicant, the contracting officer will mail to you a formal government contract for your signature. This contract will record the negotiated price, your promise to perform the work described above, how you will be paid, how and by whom you will be supervised, and other rights and obligations of you and the Navy. Since this will be a legally binding document, you should review it carefully before you sign.

PLEASE NOTE: As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving a Department of Defense (DoD) contract. You may register in the CCR through the World Wide Web at <http://www.ccr.gov> or <http://www.ccr.dlis.dla.mil/>. This website contains all information necessary to register in CCR. An extract from this website is provided as Attachment 4 to this application.

You will need to obtain a DUNS (Data Universal Numbering System) number prior to registering in the CCR database. This DUNS number is a unique, nine-character company identification number. Even though you are an individual, not a company, you must obtain this number. You may do so by calling Dun and Bradstreet at 1-800-333-0505.

The CCR also requires several other codes as follows:

CAGE Code: A Commercial and Government Entity (CAGE) code is a five-character vendor ID number used extensively within the DoD. If you do not have this code, one will be assigned automatically after you complete and submit the CCR form.

US Federal TIN: A Taxpayer ID Number or TIN is the same as your Social Security Number.

NAICS Code: A North American Industry Classification System code is a numbering system that identifies the type of products and/or services you provide. The NAICS Code for an Athletic Trainer is 621399.

If you encounter difficulties registering in the CCR, contact the CCR Registration Assistance Centers at 1-888-227-2423 or call your Contract Specialist or Contracting Officer at NMLC. Normally, registration completed via the Internet is accomplished within 48 hours. You are encouraged to apply for registration immediately upon receipt of the Notice of Contracting Opportunity. Any contractor who is not registered in CCR will NOT get paid.

Upon notification of contract award, you will be required to obtain a physical examination at your expense. The physician must complete the questions in the physical certification, which will be provided with the contract. You will also be required to obtain the liability insurance specified in Attachment 2, Pricing Information. Before commencing work under a Government contract, you must notify the Contracting Officer in writing that the required insurance has been obtained.

A complete, sample contract is available upon request.

Questions concerning this package may be addressed at (301) 619-2151.

We look forward to receiving your application.

ATTACHEMENT 001

PERSONAL QUALIFICATIONS SHEET – ATHLETIC TRAINER

1. Every item on the Personal Qualifications Sheet must be addressed. Please sign and date where indicated. Any additional information required may be provided on a separate sheet of paper (indicate by number and section the question(s) to be addressed).
2. The information you provide will be used to determine your acceptability based on Section D. of this document. In addition to the Personal Qualifications Sheet, please submit three letters of recommendation as described in Item VIII. of the Personal Qualifications Sheet.
3. After contract award, all of the information you provide will be verified during the credentialing process. At that time, you will be required to provide the following documentation verifying your qualifications: Professional Education, Professional Registration, Experience, Personal and Professional Information Sheet, continuing education certificates, and employment eligibility documentation. If you submit false information, your contract may be terminated for default. This action may initiate the suspension and debarment process, which could result in the determination that you are no longer eligible for future Government contracts.
4. Health Certification. Individuals providing services under Government contracts are required to undergo a physical exam 60 days prior to beginning work. The exam is not required prior to award but is required prior to the performance of services under contract. By signing this form, you have acknowledged this requirement.
5. Practice Information:

	<u>Yes</u>	<u>No</u>
1. Have you ever been the subject of a malpractice claim? (indicate final disposition of case in comments)	—	—
2. Have you ever been a defendant in a felony or misdemeanor case? (indicate final disposition of case in comments)	—	—
3. Has your license or certification to practice ever been revoked or restricted in any state?	—	—

If any of the above is answered "yes" attach a detailed explanation. Specifically address the disposition of the claim or charges for numbers 1 and 2 above, and the State of the revocation for number 3 above.

PRIVACY ACT STATEMENT

Under 5 U.S.C. 552a and Executive Order 9397, the information provided on this page and the Personal Qualifications Sheet is requested for use in the consideration of a contract; disclosure of the information is voluntary; failure to provide information may result in the denial of the opportunity to enter into a contract.

_____	_____ (mm/dd/yy)
(Signature)	(Date)

Personal Qualifications Sheet – Athletic TrainerI. General Information

Name: _____ SSN: _____
 Last First Middle

Address: _____

Phone: () _____

II. Professional Education You must have a Bachelor's degree level education with an emphasis in Athletic Training:

Degree from: _____
 (Name and location of the school where you received your degree)

Date of Degree: _____ (mm/dd/yy)

Master's Degree (Optional) _____
 (Name and location of the school where you received your degree)

Date of Degree: _____ (mm/dd/yy)

III. NATA Certification Current certification with NATA (Section E, Item 1):

Date of Registration _____ (mm/dd/yy) Registration Number _____
 (NOTE: Please provide a copy of your certification displaying the expiration date)

IV. Continuing Education:

<u>Title Of Course</u>	<u>Course Dates</u>	<u>CE Hours</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

V. Basic Life Support, Equivalent to BLS - C.

Training Type listed on Card: _____
 Expiration Date: _____ (mm/dd/yy)

VI. Professional Employment: List your current and preceding employers. Experience must total at least 12 months within the preceding 36 months. Provide dates as month/year.

Name and Address of Present Employer From To

(1) _____

Work Performed: _____

What type of patients did you see? (i.e. college level, military, high school, or all types).

Names and Addresses of Preceding Employers

(2) _____ From To

Work Performed: _____

What type of patients did you see? (i.e. college level, military, high school, or all types).

(3) _____ From To

Work Performed: _____

What type of patients did you see? (i.e. college level, military, high school, or all types).

Are you are currently employed on a Navy contract? If so, where is your current contract and what is the position?

VII. Employment Eligibility:

Do you meet the requirements for U.S. Employment
 Eligibility contained in Section E.6? Yes No

VIII. Professional References: 5. Provide two letters of recommendation from physicians board certified in Orthopedics or Sports Medicine attesting to your ATC's clinical skills. Letters of recommendation must include name, title, date of reference, phone number, address and signature of the individual providing reference and must be written within the preceding 2 years, OR, provide three letters of recommendation. Letters must be from Physical Therapy, physicians, or medical professionals who have supervised you in and are familiar with your work in the area of athletic training. Letters must attest to your clinical skills ad an ATC. Letters of recommendation must include name, title, date of reference, phone number, address and signature of the individual providing reference and must be written within the preceding 2 years.

IX. Experience with Computer Systems: Identify the systems and software with which you have experience.

X. Additional Medical Certifications or Licensure, such as CSCS certification:

XI. I hereby certify the above information to be true and accurate:

 (Signature) (Date) (mm/dd/yy)

ATTACHMENT 002

PRICING SHEET
PERIOD OF PERFORMANCE

Services are required from 1 October 2003 through 30 September 2004. Four option periods will be included which will extend services through 30 September 2008, if required by the Government. The Contracting Officer reserves the right to adjust the start and end dates of performance to meet the actual contract start date.

PRICING INFORMATION

Insert the price per hour that you want the Navy to pay you. You may want to consider inflation rates when pricing the option periods. The Government will award a contract that is neither too high nor too low. Your price would be high enough to retain your services but not so high as to be out of line when compared to the salaries of other Athletic Trainers in the San Diego, CA area. **The hourly price includes consideration for the following taxes and insurance that are required:**

(a) Please note that if you are awarded a Government contract position, **you will be responsible for paying all federal, state and, local taxes.** The Navy does not withhold any taxes. Your proposed prices should include the amount you will pay in taxes.

(b) Before commencing work under a contract, you shall obtain the following required levels of insurance at your own expense: (a) General Liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least \$500,000 per occurrence, and (b) Automobile Liability - Auto liability insurance written on the comprehensive form of policy. Provide coverage of at least \$200,000 per person and \$500,000 per occurrence for bodily injury and \$20,000 per occurrence for property damage.

The price that you quote for the base period will be added to the proposed quote for all option periods for the purpose of price evaluation.

<u>Line Item</u>	<u>Description</u>	<u>Quantity</u>	<u>Unit</u>	<u>Unit Price</u>	<u>Total Amount</u>
0001	The offeror agrees to perform on behalf of the Government, the duties of one Athletic Trainer at the Naval Medical Center, San Diego in accordance with this Application and the resulting contract.				
0001AA	Base Period; 1 Oct 03 thru 30 Sep 04	2096	Hour	_____	_____
0001AB	Option Period I; 1 Oct 04 thru 30 Sep 05	2088	Hour	_____	_____
0001AC	Option Period II; 1 Oct 05 thru 30 Sep 06	2080	Hour	_____	_____
0001AD	Option Period III; 1 Oct 06 thru 30 Sep 07	2080	Hour	_____	_____
0001AE	Option Period IV; 1 Oct 07 thru 30 Sep 08	2088	Hour	_____	_____
TOTAL CONTRACT					_____

Printed Name _____

Signature _____ Date _____

ATTACHMENT 003

LISTS OF ACCEPTABLE DOCUMENTS

SUBMIT ONE FROM LIST A

LIST A

Documents that Establish Both Identity and Employment Eligibility

1. U. S. Passport (unexpired or expired)
2. Certificate of U. S. Citizenship (INS Form N-560 or N-561)
3. Certificate of Naturalization (INS Form N-550 or N-570)
4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization.
5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
6. Unexpired Temporary Resident Card (INS Form I-688)
7. Unexpired Employment Authorization Card (INS Form I-688A)
8. Unexpired Reentry Permit (INS Form I-327)
9. Unexpired Refugee Travel Document (INS Form I-571)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-698B)

OR SUBMIT ONE FROM LIST B AND ONE FROM LIST C

LIST B

Documents that Establish Identity

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
2. ID card issued by federal, state or local government agencies of entitles provided it contains a photograph or information such as name, date of birth, sex height, eye color, and address
3. School ID card with a photograph
4. Voter's registration card
5. U.S. Military card or draft record

LIST C

Documents that Establish Employment Eligibility

1. U.S. social security card issued by the Social Security Administration (other card stating it is not valid for employment)
2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Native American Tribal document

6. Military dependant's ID Card

7. U.S. Coast Guard Merchant
Mariner Card

8. Native American tribal document
Citizen in the United States

9. Driver's license issued by a
Canadian government authority

For persons under age 18 who
are unable to present a
document listed above;

10. School record or report card

11. Clinic, doctor, or hospital record

12. Day-care or nursery school record

5. U.S. Citizen ID Card (INS Form I-197)

6. ID Card for use of Resident
(INS Form I-179)

7. Unexpired employment
authorization document issued
by the INS (other than those
listed under List a).

ATTACHMENT 004

CENTRAL CONTRACTOR REGISTRATION APPLICATION
CONFIRMATION SHEET

As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving the Department of Defense (DoD) contract.

Registration through the World Wide Web is preferred. The Web address is <http://www.ccr.gov/howto.html> If you do not have internet access, please contact (301) 619-2151 to request a copy of the application.

In order to register with the CCR you are required to obtain a DUNS number from Dun & Bradstreet. Please contact Dun & Bradstreet at 1-800-333-0505 to request a number or request the number via internet at <http://www.dnb.com/aboutdb/dunsform.htm>.

When you have done this, please mail or fax "THIS COMPLETED CONFIRMATION SHEET" to:

Naval Medical Logistics Command
ATTN: Code 22V
1681 Nelson Street
Fort Detrick, MD 21702-9203
FAX (301) 619-6793

Name: _____

Company: _____

Address: _____

Date CCR Form was submitted: _____

Assigned DUN & BRADSTREET #: _____

E-Mail Address: _____

ATTACHMENT 005

SMALL BUSINESS PROGRAM REPRESENTATIONS

As stated in paragraph I.A. of this application this position is set-aside for individuals. As an individual you are considered a Small Business for statistical purposes. If you are female, you are considered a woman-owned small business. If you belong to one of the racial or ethnic groups in section B, you are considered a small disadvantaged business. To obtain further statistical information on Women-owned and Small Disadvantaged Businesses you are requested to provide the additional information requested below.

NOTE: This information will not be used in the selection process nor will any benefit be received by an individual based on the information provided.

Check as applicable:

Section A.

- () The offeror represents for general statistical purposes that it is a woman-owned small business concern.
() The offeror represents, for general statistical purposes, that it is a small disadvantaged business concern as defined below.

Section B

[Complete if offeror represented itself as disadvantaged in this provision.] The offeror shall check the category in which its ownership falls:

- ___ Black American.
___ Hispanic American.
___ Native American (American Indians, Eskimos, Aleuts, or Native Hawaiians).
___ Asian-Pacific American (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru).
___ Subcontinent Asian (Asian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal).